

Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222

2010 Renewal of Training License -- Registration Fee: \$65.00

I, _____, hereby make application for renewal of my Training License to practice medicine within the parameters specified by my Program Director at the _____ through June 30, 2011.

If you answer "Yes" to questions 1 – 13 please attach a written explanation.

- 1) Since you last registered have you had any license, certificate, registration or other privilege to practice as a health care professional denied, revoked, suspended, probated, restricted, reprimanded, limited, or subjected to any other disciplinary action, by a state medical/osteopathic licensing board, or Federal, or International authority with the exception of the Kentucky Medical Board?
☐ Yes ☐ No
- 2) Since you last registered have you surrendered such credential, or placed it into an inactive status, to avoid disciplinary action or in connection with or in anticipation of a disciplinary investigation/action by the licensing authority of such jurisdiction with the exception of the Kentucky Medical Board?
☐ Yes ☐ No
- 3) Since you last registered have you been or are you currently under investigation by any State medical/osteopathic licensing board, Federal or International licensure authority or any drug licensure/enforcement authority with the exception of the Kentucky Medical Board?
☐ Yes ☐ No
- 4) Since you last registered has the Drug Enforcement Administration (DEA), or any state or International drug licensure/enforcement authority denied, revoked, suspended, restricted, limited, or otherwise disciplined a controlled substance registration certificate issued to you?
☐ Yes ☐ No
- 5) Since you last registered have you voluntarily or involuntarily surrendered a medical or osteopathic license with the exception of your Kentucky license, or controlled substance registration certificate issued to you?
☐ Yes ☐ No
- 6) Since you last registered has any hospital or hospital medical staff removed, suspended, restricted, limited, probated, reprimanded, or failed to renew your privileges for cause, or taken any other disciplinary action against your privileges?
☐ Yes ☐ No
- 7) Since you last registered have you resigned your privileges at any hospital under pressure or investigation or while you were subject of disciplinary proceedings?
☐ Yes ☐ No
- 8) Since you last registered are any legal proceedings regarding licensure presently pending against you by any State, Federal or International licensure authority or any drug licensure/enforcement authority with the exception of the Kentucky Medical Board?
☐ Yes ☐ No
- 9) Since you last registered have you been removed, suspended, expelled or disciplined by any professional medical association or society?
☐ Yes ☐ No
- 10) Since you last registered have you entered a guilty plea, nolo contendere plea or Alford plea, or been convicted, of any felony offense or any misdemeanor offense, or alcohol related offense in any court?
☐ Yes ☐ No
- 11) Since you last registered have you had to pay a judgment or settlement of \$250,000 or greater in a malpractice action or other civil action against your medical practice?
☐ Yes ☐ No
- 12) Since you last registered to your knowledge, are you the subject of any criminal investigation or are any criminal charges pending against you?
☐ Yes ☐ No
- 13) Are you currently in default on any student loan repayment obligations payable to the financial aid programs administered by the Kentucky Higher Education Assistance Authority?
☐ Yes ☐ No

I hereby state that the information contained in this application is true, accurate and complete to the best of my knowledge and belief. I understand any false information on my application may subject my license to disciplinary action pursuant to KRS 311.595.

Signature: _____ Date: _____

Incomplete Applications Or Applications Received Without Payment Will Be Returned.

Name: _____ License Number: _____

The answers to these questions are exempt from public disclosure under KRS 61.878(1)(a) and KRS 311.619 and shall be subject to inspection only upon order of a court of competent jurisdiction, except that no court shall authorize the inspection by any party of any materials pertaining to civil litigation beyond that which is provided by the Kentucky Rules of Civil Procedure governing pretrial discovery. The answers to these questions may be considered by the Board and may be disclosed in any contested case proceeding, including a Show Cause proceeding, or appeal of a licensing decision based upon them.

“Illegal drug use” means the use of an illegally obtained controlled substance or dangerous drug; the term “illegal drug use” also means the use of a legally obtained controlled substance or dangerous drug which is not taken in accordance with the direction of the licensed health care professional who prescribed the controlled substance or dangerous drug.

If you are currently a participant in the Kentucky Physicians Health Foundation Program (Impaired Physicians Program) or a similar program in another state, make note of your involvement and answer the following questions as they are written.

*** * * If You Answer “Yes” To Questions 1 or 2, Please Attach A Written Explanation. * * ***

- (1.) Since you last registered, have you suffered from or been treated for any medical and/or psychiatric condition which might impair your ability to continue to practice medicine?
☐ Yes ☐ No
- (2.) Since you last registered, have you suffered from or been treated for drug or alcohol abuse and/or dependency?
☐ Yes ☐ No

I hereby state that the information contained in this application is true, accurate and complete to the best of my knowledge and belief. I understand any false information on my application may subject my license to disciplinary action pursuant to KRS 311.595.

Signature: _____ Date: _____

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